

DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES
DEVELOPMENTAL DISABILITIES PROGRAM



BRIAN SCHWEITZER
GOVERNOR

JOAN MILES
DIRECTOR

STATE OF MONTANA

PHONE: (406) 259-8122
FAX: (406) 652-1895

2121 ROSEBUD DRIVE, SUITE C-1
BILLINGS, MONTANA 59102

May 31, 2007

TO: Wayne Edwards, Board President; Central Montana Medical Center
William Russell, Interim CEO, Central Montana Medical Center
Brenda Wilmont, DDP Case Management Supervisor

FROM: Bob Trent, ^{BA}Quality Improvement Specialist
Developmental Disabilities Program

SUBJECT: Annual Quality Assurance Review

Attached is the Annual Quality Assurance Review of Developmental Disabilities Case Management services provided by the Central Montana Medical Center for Fiscal Year 2007. This review covers the period from April 2006 through April 2007.

cc: Suzn Gehring, DDP Regional Manager
Tim Plaska, DDP Community Services Bureau Chief
John Zeeck, DDP Quality Assurance Specialist

RECEIVED

JUN 1 2007

DPHHS-DSD

Case Management Quality Assurance Review

Agency: Central Montana Medical Center (CMMC)

Case Managers Reviewed: Erlonna Erickson and Barb Sanford

Date of Review: 5/15/07

QIS: Bob Trent

Case Load Sizes:

Erlonna (24 hours/week): 25 consumers

Barb: (36 hours/week): 38 consumers

-Case load sizes were found to be within the stipulated ratios of 47 clients per full time Case Manager.

Files Sampled:

Two files, randomly selected, were reviewed for each Case Manager; one for a person receiving DDP-funded services, and the other for a person receiving Case Management Services only.

Erlonna: (receiving DDP-funded services); (Case Management only)

Barb: (receiving DDP-funded services); (Case Management only)

Annual face-to face contacts (for files reviewed):

Erlonna: 13 for the individual in services; 7 for the individual receiving Case Management only.

Barb: 6 for the individual in services; 11 for the individual receiving Case Management only.

-Face-to-face contacts were found to exceed the requirements of 4 fact-to-face contacts per year for consumers in DDP services, and 2 face-to-face contacts per year for consumers receiving Case Management services only.

For the two individuals receiving DDP-funded services, current Waiver-5 forms were completed. Quarterly reports were up to date and indicated that services were being delivered according to the IP or PSP. For , one objective from the PSP having to do with calling family and sending cards 4 times per year was not listed on the quarterly. This was promptly addressed and the objective was added to the quarterly report. Also for , the consumer survey was missing. At the time of the PSP, Case Managers had received instruction that the survey was no longer required, so no deficiency was noted. The consumer survey was present for . Examples of services being coordinated by the Case Manager included such things as obtaining HIPPA releases, and contacting Home Health agencies and churches. There were no Adult Protective issues in either of the files reviewed.

For each of the individuals receiving only Case Management Services, there was a completed current Individual Service Plan (ISP). Both individuals are on the waiting list for services, and the referrals were found to be up-to-date. has received funding for DDP services, but has not yet found a provider to serve him. His file contained many contacts by the Case Manager with various agencies regarding providing services to this person. Examples of additional resources being accessed on behalf of the two individuals included such things as Vocational Rehabilitation, HRDC, Psychologists, Social Security, the school system, and various DDP Qualified Providers.

In summary, the files were well organized and up-to-date. No deficiencies requiring corrective actions were noted. The files contained excellent detailed contact notes, and the number of face-to-face contacts exceeded contract requirements.

Robert Trent
QIS

5/31/07
Date